mcp

NEWFOUNDLAND MEDICAL CARE COMMISSION

31ST ANNUAL REPORT

For the Year Ended March 31, 2000

103-04050/

Mission Statement

The Newfoundland Medical Care Commission is a statutory public corporation whose mandate is to efficiently administer a medical care insurance program on behalf of the residents of Newfoundland and Labrador.

The Commission is committed to facilitating the delivery of comprehensive medical care to all residents of the Province by implementing policies, procedures, and systems which permit appropriate compensation to providers for their rendering of insured professional services.

The Commission shall operate in accordance with the provisions of the Medical Care Insurance Act and Regulations and in compliance with the criteria of the Canada Health Act and shall strive to excel in all of its activities.

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health and Community Services
Office of the Minister

St. John's, September 2000

TO THE HONOURABLE ARTHUR MAXWELL HOUSE, C.M., M.D., F.R.C.P.C.
Lieutenant-Governor of Newfoundland and Labrador

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 2000.

Your obedient servant,

Roger D. Grimes, M.H.A.
Exploits District
Minister of Health and Community Services

P.O. Box 8700, West Block, Confederation Building, St. John's, Newfoundland, Canada, A1B 4J6

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR
Department of Health and Community Services

mcp

St. John's, September, 2000

TO THE HONOURABLE ROGER GRIMES
Minister of Health and Community Services

Honourable Sir:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 2000.

Respectfully submitted,

Robert O. Peddigrew
Executive Director

Medical Care Plan • Elizabeth Towers • 100 Elizabeth Avenue • P.O. Box 200 • St. John's • Newfoundland • Canada • A1C 5J3
Telephone: (709)758-1547 • Facsimile: (709)758-1575 • E-mail: RobertPeddigrew@mail.gov.nf.ca • http://www.gov.nf.ca/mcp

Introduction

This is the 31st Annual Report of the Newfoundland Medical Care Commission, submitted to The Honourable Minister of Health and Community Services.

This report describes the coverage provided under the Medical Care Plan and the Dental Health Plan, and the results of the Commission's operations for the fiscal year ended March 31, 2000. Information is also provided on the structure and function of MCP, its committees and various internal departments.

Audited financial statements are also presented in this report, in addition to statistical tables, which provide details on the costs and volumes of transactions processed by the Commission in the administration of the Medical Care Plan and the Dental Health Plan.

Table of Contents

Definition of Terms ii

Profile of the Commission 1

Organization Chart 2

Committees 3

Profile of the Medical Care Plan 4

Profile of the Dental Health Plan 5

Memorandum of Understanding 5

Review of Operations 6

Audited Financial Statements 9

Statistical Tables 16

Definition of Terms

Co-Pay Amount	An amount payable by a beneficiary to a dentist for services provided under the Dental Health Plan. This amount is in addition to that payable by the Plan.
Fee-for-Service	A classification given to those providers who submit claims to the Commission for services provided to beneficiaries of the Medical Care Plan or Dental Health Plan. Payments made to fee-for-service providers are in accordance with a schedule of fees.
Global Capping	A restraint measure applied to all fee-for-service and sessional payments to physicians if the total payments exceed the fixed budget for medical services.
Income Proration	A reduction in income applied to individual physicians whose billings exceed established thresholds.
Locums	Physicians who are retained by another physician or a hospital to provide relief for physicians who are on leave because of vacation, illness or other absence.
Out-of-Province Claim	A claim made by a beneficiary for reimbursement of medical care costs incurred while outside the Province of Newfoundland.
Providers	Physicians and dentists who are registered with the Commission and who provide medical and dental services to beneficiaries.
Reciprocal Billing	A claim processing arrangement between all of the Canadian Provinces and Territories (except Quebec). Under the Reciprocal Billing Agreements, a beneficiary's home province is billed for the cost of medical services that the beneficiary receives elsewhere in Canada.
Service Units	Units of medical and dental services received by a beneficiary. These may be office or home visits, or units of time.
Sessional Payments	Payments made to physicians on a per diem basis in lieu of fee-for-service payments. Sessional arrangement applications must receive prior approval and are made when fee-for-service claims are not feasible or practical.
Utilization Patterns	A provider's claim billing pattern, or a beneficiary's pattern of using medical services.

Profile of the Commission

The Newfoundland Medical Care Commission was established in 1968 to administer the Newfoundland Medical Care Plan (MCP) in accordance with the *Medical Care Insurance Act* and supporting Regulations. Responsibility for administration of the Dental Health Plan was passed to the Commission in 1985. These Plans provide payments to physicians and dentists for services rendered to the residents of the Province of Newfoundland. The Commission is governed by a Board of Commissioners, representing different geographic regions and professional backgrounds, including the medical community. This Board is appointed by the Lieutenant-Governor in Council and reports to the House of Assembly through the Minister of Health and Community Services.

Commission Board

The Board of Commissioners normally consists of ten voting members, representing various areas of the Province, and two non-voting ex-officio members. Board members hold office for a term prescribed by the Lieutenant-Governor in Council.

Following the expiration of the terms of office of eight of the ten voting members of the Commission, the Board became inactive during the 1998/99 fiscal year. Appointment of new members was deferred pending a comprehensive review of the organizational structure of the Department of Health and Community Services.

During the period of membership vacancy, management and accountability structures were maintained by the Commission's Executive Director. In his capacity as chief executive officer and ex-officio member of the Commission, the Executive Director reported directly to the Minister of Health and Community Services on an interim basis.

Significant changes in the mandate of the Department over the previous year had necessitated examination of alternate methods of delivery of all programs, including those of the Medical Care Insurance Program.

A report and recommendations concerning Commission operations and reporting structure was prepared with input by the Executive Director and submitted to the Deputy Minister in February, 1999.

Government subsequently decided to discontinue the Commission. Effective April 01, 2000, the Board of Commissioners ceased to exist. MCP has now become a Division of the Provincial Department of Health and Community Services.

Significant Subsequent Event

In July, 2000, government announced that the main office of MCP will be moved to the town of Grand-Falls/Windsor.

Commission Management

An executive management team is responsible for directing the day-to-day operations of the Commission. The team of senior management executives are:

Executive Director
Robert O. Pedigrew

Assistant Executive Director
Tony Maher, C.A.

Medical Director
Dr. Catherine Bradbury

Dental Director
Dr. Bruce Bowden

Reporting to the Assistant Executive Director are the following functional departments: Claims Operations; Systems; Audit; Finance and Statistics; and Public Services and Administration.

The ***Claims Operations Department*** is responsible for the processing and assessment of claims for all medical and dental services. It also provides assistance and training for providers' office staff in the area of claims preparation and submission.

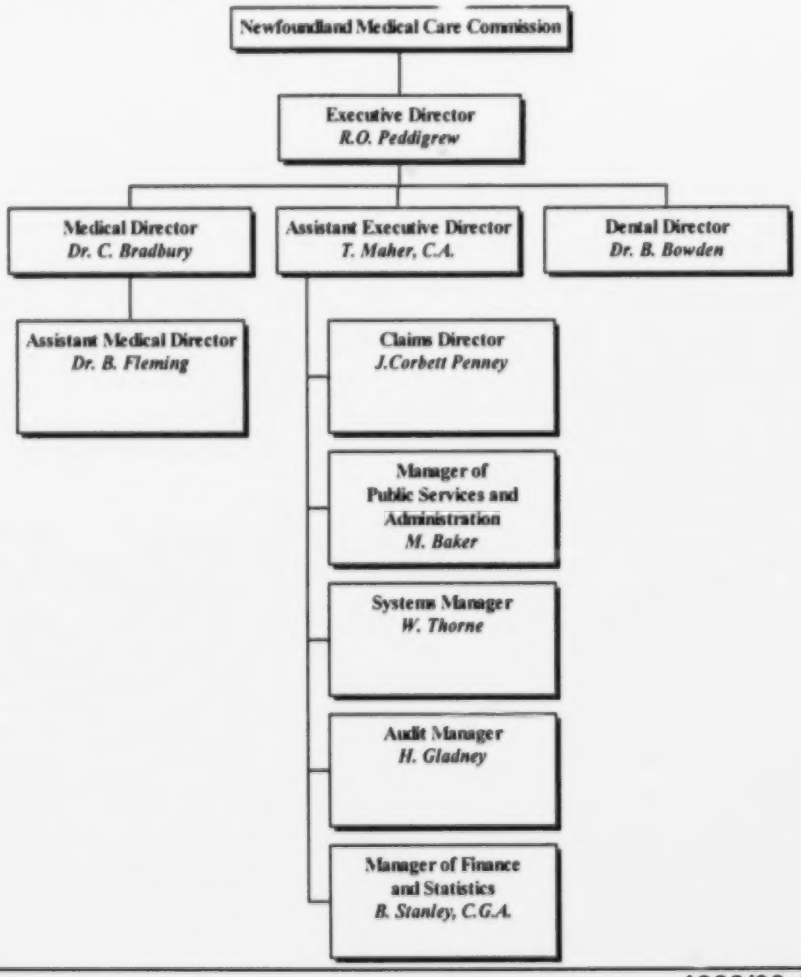
The ***Systems Department*** is responsible for the development, implementation, security, and maintenance of the Commission's computer systems. Other responsibilities include the acquisition, support and maintenance of hardware and software, and provision of technical support for physicians and dentists who use the TeleClaim and TeleDent software.

The ***Audit Department*** is responsible for the post-payment audit of claims through ongoing review of servicing and utilization patterns. This is accomplished by analysis of provider and beneficiary profiles, randomly selected service verification, review of specialized computer reports targeting possible problem areas, and follow-up of information presented or obtained from a variety of other sources.

The ***Public Services and Administration Department*** is responsible for beneficiary registration services and provides information and direction on all matters pertaining to eligibility and coverage. This Department is also responsible for human resources, purchasing, and general administrative services.

The ***Finance and Statistics Department*** is responsible for making all payments for the Commission, maintaining all accounting records, issuing monthly financial statements, and preparing and monitoring the annual budget. It is also responsible for compiling, interpreting and reporting statistical data, including the statistical tables presented in this Annual Report.

Organization Chart



Committees

A number of the Commission's functions are administered by the following standing committees:

Executive Committee

This committee consists of senior staff members of the Commission including the Executive Director; the Assistant Executive Director; the Medical Director; and the Dental Director. The committee's major functions include policy development and implementation, strategic and operational planning, development of management practices, and general management of the Commission's operations.

Budget Finance Committee

The primary function of this committee is to prepare and present detailed estimates of revenue and expenditure for all Commission operations. Other responsibilities include monitoring cash flow and review of the report and recommendations of the Auditor General. Members of this committee include the Executive Director, the Assistant Executive Director and the Manager of Finance and Statistics.

Medical Consultants' Committee

The primary objective of this committee is to review the patterns of practice and billing procedures of physicians and the utilization of services by beneficiaries, and to advise the Commission on appropriate courses of action in each audit case. The committee is comprised primarily of physicians, five of whom are nominated by the Newfoundland and Labrador Medical Association (NLMA).

Medical Advisory Committee

This committee is comprised of five senior practising physicians, nominated by the NLMA and selected by the Commission, from a broad variety of specialties. The Committee deals with complex or contentious claims and hears appeals from individual physicians on claim assessment decisions made by the Commission. The Commission's Medical Director participates in a non-voting role, and other Commission staff may attend to provide pertinent background information. The Medical Advisory Committee's assessment of complex claims has proven to be an acceptable method of resolution for both the NLMA and the Commission.

Dental Monitoring Committee

This committee assesses complex or contentious claims, reviews practice profiles, and deals with other issues which affect the Dental Health Plan and the Surgical Dental Program. The committee is appointed by the Commission and consists of four members, two of whom are nominated by the Newfoundland Dental Association. Appointments to the committee are for a period of three years. The chairperson of the committee is named by the Commission from the committee members and has regularly been the Commission's Dental Director.

Negotiating Committee

The mandate of this committee is to review and negotiate fees, funding allocations, preamble language and other conditions affecting payment of claims with the NLMA. Commission members on this committee comprise the Executive Director, the Assistant Executive Director, the Medical Director, and the Assistant Medical Director.

Profile of the Medical Care Plan

MCP provides coverage to bona fide residents of the Province for medical care and certain surgical-dental procedures performed in hospital.

Providers who treat beneficiaries may submit claims directly to the Commission for insured services rendered. Such claims must be in accordance with a published schedule of fees and will be processed by the Commission against established claim assessment rules.

The *Medical Care Insurance Insured Services Regulations* stipulate the general categories of medical services insured under the Plan. These include:

- visits to a physician's office, hospital or beneficiary's residence
- surgical, diagnostic and therapeutic procedures, including anaesthesia
- pre- and post-operative care
- complete maternity care
- radiology interpretive services
- certain medically required surgical-dental procedures performed in hospital by a dentist or oral surgeon

The specific procedures and services insured under the Medical Care Plan are listed in Schedule A (Medical Payment Schedule) and Schedule B (Surgical-Dental Payment Schedule) of the *Medical Care Insurance Physicians and Fees Regulations*.

The *Medical Care Insurance Insured Services Regulations* also list specific services which are <u>not</u> insured under the Plan. These include:

- physician advice given by telephone
- drugs and vaccines
- provision of medical appliances
- writing of prescriptions
- preparation of records, reports or certificates
- services available under other provincial or federal legislation
- physician travel time and expenses
- ambulance services or other transportation
- acupuncture and subsequent related services
- examinations not medically necessary or if required by third parties (e.g. annual check-up, employment, pre-school or drivers' medicals, etc.)
- surgery for cosmetic purposes
- physician testimony given in a court
- eye examinations for corrective lenses
- routine, in-hospital, dental extractions
- the difference between general practice and specialist rates for non-referred patients
- services provided by chiropractors, optometrists, podiatrists, naturopaths, osteopaths, physiotherapists, nurses or other paramedical personnel
- newborn circumcisions
- hypnotherapy
- consultations required due to hospital policy
- alcohol/drug treatment outside Canada
- therapeutic abortions performed at a non-approved facility
- sex change surgery, unless recommended by the Clarke Institute of Psychiatry
- in-vitro fertilization and ovarian stimulation and sperm transfer
- reversal of a previous sterilization procedure

(This list has been compiled for information purposes only and may vary from the official list of uninsured services as presented in the Commission's Insured Services Regulations).

Profile of the Dental Health Plan

The Dental Health Plan comprises a children's dental component and a social assistance component. The children's dental program covers the following basic dental services for all children, up to and including age twelve:

- examinations (at six month intervals)
- cleanings (at 12 month intervals)
- fluoride applications (ages six to 12 at 12 month intervals), except in areas where the School Rinse Program is in place
- x-rays (with some limitations)
- fillings and extractions
- other specific procedures which require approval before treatment

These basic services are also available under the social assistance component to recipients of social assistance who are 13 to 17 years of age. Adult recipients of social assistance are eligible for emergency care and extractions only.

In the changing environment of medical treatment, there are specific occasions where dental procedures are essential to the success of medical procedures (e.g., cancer treatment, organ transplants, and drug therapies). In selective instances of severely compromised medical treatment, the Dental Health Plan may be required to provide necessary dental procedures. Coverage in these instances will be determined on a case by case basis.

Each beneficiary covered by the Dental Health Plan must pay a variable amount directly to the dentist for each service provided (e.g. fillings, extractions, etc.). Where a beneficiary is in receipt of social assistance, this co-payment fee is paid by the Dental Health Plan under the social assistance component.

Memorandum of Understanding

In October 1998, a Memorandum of Understanding (MOU) for physician compensation was signed between the NLMA, Government, and the Newfoundland and Labrador Health Boards Association (NLHBA). The four-and-a half year agreement covers the period April 1, 1998 to September 30, 2002.

The MOU provides for annual increases for both the fee-for-service and salaried physicians' budgets. In addition, a budget adjustment process has been developed to provide for responsiveness in an evolving health care system. The process allows for budget adjustments based on:

- changes in demographics;
- changes in physician resources;
- introduction of new technologies or treatment modes;
- redistribution of savings realized from new initiatives; and
- transfers of physicians between fee-for-service and salaried positions.

Other provisions contained in the MOU include:

- a process for recovering deficits in the fee-for-service budget;
- a process for introducing physician resource management strategies;
- a dispute resolution process;
- the establishment of a Tripartite Liaison Committee to provide a forum for discussion of issues related to delivery of medical services; and
- the pursuit of alternative delivery models.

Review of Operations

During 1999/00, the Commission's operations were guided by its Operational Plan. This Plan required Executive and departmental managers to structure activities to meet identified objectives. This section highlights the major achievements and activities on which the Commission's resources were focused, in accordance with its Operational Plan.

Executive Affairs

The Executive staff of the Commission managed the implementation of the Operational Plan, ensuring continued progress towards identified goals and objectives.

The Commission submitted a proposal for amendments to its governing legislation, the *Medical Care Insurance Act*. Draft amendments were prepared and submitted to the Minister of Health and Community Services with suggestions for improving Commission operations and procedures that are limited by the current legislation.

The Act to revise the administration of medical care insurance was given formal assent on December 14, 1999 and came into force on April 01, 2000. The new Act, entitled the *Medical Care Insurance Act, 1999*, provides significant changes to the existing legislation.

Following a review of the Commission's organizational structure and reporting relationship with the Department of Health and Community Services, government decided that effective April 01, 2000 MCP would become a division of the Department of Health and Community Services. MCP's executive branch now reports to the Minister; the Board of Commissioners has been discontinued.

Medical Affairs

During 1999/00, Medical Affairs activity focused on the production of a revised Medical Payment Schedule which came into effect on November 30, 1999. It included negotiated changes to rates and conditions of payment for physicians that were part of the Memorandum of Understanding. It also introduced new fee codes for new medical technologies.

Following the release of the revised medical Payment Schedule, work was undertaken to develop the MCP role in Alternative Payment Plans for physicians.

Toward the end of the fiscal year, the Payment Schedule Review Committee began working on the development of a new revised Medical Payment Schedule intended for publication in 2000/2001.

A major revision of the Physician Information Manual was initiated this year. This new document will be available to physicians in the next fiscal year.

Dental Affairs

The Operational Plan objectives identified for the Dental Affairs area in 1999/00 largely concerned the harmonization of the Commission's electronic claim submission software, TeleClaim, with the Canadian Dental Association's software, CDANet. Negotiations proceeded with the Association and work began to implement the revised system which will eventually allow Newfoundland dentists to use TeleClaim within CDANet to submit claims to the Commission under the Dental Health Plan.

Other work in the Dental Affairs area concerned the review and revision of the Surgical Dental Payment Schedule. Changes to the Schedule were recommended to the Newfoundland Dental Association and new assessment rules and fee codes are ongoing.

Claims Operations

The Commission processed and paid for 4,191,129 items of service on behalf of beneficiaries. Approximately 96% of all medical claims were submitted through electronic media, as opposed to paper claims.

A paper claim processing charge of 25¢ per claim item continues to be applied to the remaining 4% of claims to offset the additional cost of key entry and other overheads.

Officials of the Claims Operations Department developed a new in-house electronic tutorial for physicians and their office staff, which is used in teaching billing practices, claims submission, and claims processing. Tutorials were also presented at various sites across the province.

Internally, cross-training for Departmental staff continued, focusing upon the requisite skills involved to processing claims under alternative billing procedures. This training was also designed to improve resources required to meet claim assessment needs.

Revisions to the MCP Payment Schedule, as negotiated under the MOU, were published and distributed to physicians. Effecting these revisions required the development and testing of new assessment rules, fee codes and tables in advance of the publishing date.

Systems Department

Following comprehensive review and testing of all computer software and programs, the Commission achieved Year 2000 compliance for its microcomputer applications and for all mainframe functions. The Commission's mainframe computing contractor, *xwave solutions*, dedicated resources during 1999/00 to correct any two-digit date deficiencies in Commission mainframe computer applications.

The Commission continued to maintain and update its own Internet site to improve information distribution to the public and to providers. Hosted on the Government's server, the Commission's site provides a wealth of information on its programs, rules, and procedures, and allows various forms and reports to be viewed and printed directly from the site. The Commission's site can be viewed on the World Wide Web at **http://www.gov.nf.ca/mcp**.

A major project initiated by the Systems Department during 1999/00 was the development of two software packages: ***Teleclaim 2000*** and ***MCPSUBSYS 4.0.*** The former is a Windows-based version of MCP's electronic billing software, which includes the ability to electronically send turnaround documents (TAD's) to physicians via modem. It also allows physicians to send claims for services provided under several new Alternative Payment Plans (e.g. Category B, Surgical Assist). The latter allows physicians to send this data electronically via modem to MCP.

To improve communications, the Microsoft Mail system was replaced with the government standard GroupWise mail system, which also provides group scheduling features. Several sessions were completed to train staff in the use of this new system.

Public Services and Administration

During 1999/00, the Commission processed 81,710 beneficiary registration transactions. A total of 29,551 new and replacement MCP cards were issued.

The Commission amended its earlier submission for revisions to the *Medical Care Insurance Beneficiary and Inquiries Regulations*, following consultations with officials at the Department of Health and Community Services. These revisions will clarify the categories of residents who are eligible for coverage and improve the administrative rules regarding medical coverage, both inside and outside the province. It is anticipated that these regulations will be formally amended in the next fiscal year.

The Public Services Division also began the process of revising its information brochures, which are available to the general public. These brochures will be available in the next fiscal year.

Throughout the year, various initiatives were pursued to increase the accuracy of the information contained in the Beneficiary Masterfile. These projects resulted in the Division being able to identify more beneficiaries who should be terminated from the Masterfile due to death or relocation outside of the province. This initiative also improved the quality of the personal information recorded (eg. addresses) for beneficiaries remaining on file.

Finance and Statistics

The Finance and Statistics Division merged with the Finance Division of the Department of Health and Community Services in 1999/00, in preparation for MCP's merger scheduled for April 01, 2000.

Staff from this division were reassigned to Confederation Building in preparation for the merger. After April, 2000, payment for insured services will be issued to providers through the Office of the Comptroller General. The logistics of this transfer required considerable planning and was the focus of attention in the months leading up to the start of the new fiscal year, 2000/01.

Audit

At March 31, 2000, there were 48 provider audits in progress. Two cases involving the recovery of funds, as recommended by the Medical Consultants' Committee, were completed. During the fiscal year 1999-2000, the total amount recommended by the Committee for recovery in those cases was over $980,000. A total of 113 beneficiary audits were in progress during the year and were at varying stages of completion by year's end.

There was one court challenge during this year. The Newfoundland Supreme Court of Appeal found that the aggrieved provider was treated fairly in the audit process and that there was no error in law. Consequently, the court found no reason to involve itself with the decision of the Commission or lower court (Trial Division) and the appeal was dismissed with costs.

During the fiscal year, the Audit Department updated 5 of its computerized processing systems for the purpose of achieving year 2000 compliance and to add greater efficiency to the audit process. As part of the Audit Department's plan for redesigning the Beneficiary Verification Audit process, the development of a new computerized system commenced.

The Department also began the development of a new Multiple Services Listing Program which is intended to more easily identify beneficiaries who may be over-utilizing the Medical Care Plan. Both systems are scheduled for implementation by March 31, 2001.

Audited Financial Statements

Management's Responsibility for Financial Reporting

The Commission conducts its financial affairs in accordance with generally accepted accounting principles. Commission management is responsible for the integrity of the financial statements and has established systems of internal control to provide reasonable assurance that assets are properly accounted for and safeguarded from loss. The Commission's Board has established a Budget Finance Committee to develop estimates of revenue and expenditure for all Commission operations and to monitor cash flow throughout the year. Each year, the Province's Auditor General performs an independent examination of the financial statements of the Commission and her report for fiscal year 1999/00 follows. The Auditor General has full and unrestricted access to the Commission's records.

Auditor's Report

OFFICE OF THE AUDITOR GENERAL
St. John's, Newfoundland

AUDITOR'S REPORT

To the Deputy Minister
Department of Health and Community Services
St. John's, Newfoundland

I have audited the balance sheet of the Newfoundland Medical Care Commission as at 31 March 2000 and the statement of revenue and expenditure for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at 31 March 2000 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

Elizabeth Marshall

ELIZABETH MARSHALL, C.A.
Auditor General

St. John's, Newfoundland
27 June 2000

NEWFOUNDLAND MEDICAL CARE COMMISSION

BALANCE SHEET

31 MARCH 2000

	2000	1999
ASSETS		
Current		
Cash	$ 85,953	$ 1,176,411
Due from Province of Newfoundland (Note 2)	21,273,285	22,873,373
Accounts receivable	617,739	635,096
Prepaid expenses	41,803	48,399
	22,018,780	24,733,279
Capital assets (Note 3)	-	
	$22,018,780	$24,733,279
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 895,591	$ 944,340
Liability for presented and processed claims	13,133,891	13,144,522
Estimated liability for unpresented and unprocessed claims	6,616,305	5,693,460
Liability for salaried physicians	864,743	4,490,457
Liability for medical malpractice premium subsidy	508,250	460,500
	$22,018,780	$24,733,279

See accompanying notes

Signed on behalf of the Commission: _____
Executive Director

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2000

	2000	1999
REVENUE		
Province of Newfoundland	$181,898,499	$170,409,464
Interest income	251,019	263,172
Audit recoveries	43,618	120,770
Miscellaneous	64,739	69,866
	$182,257,875	$170,863,272
EXPENDITURE		
Administrative expenditure (Schedule 1)	$ 4,385,260	$ 4,312,128
Dental Health Plan	5,339,924	5,467,808
Insured services (Note 5)	128,810,110	124,952,391
Medical malpractice premium subsidy	1,671,176	1,894,434
Salaried physicians	42,051,405	34,236,511
	$182,257,875	$170,863,272

See accompanying notes

Office of the Auditor General

SCHEDULE 1

NEWFOUNDLAND MEDICAL CARE COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2000

	2000	1999
Audit fees	$ 9,900	$ 9,000
Bad debts	14,347	70,145
Cleaning	5,281	5,235
Commission fees		2,545
Computer costs (Note 6)	994,900	841,467
Consultant fees	67,898	99,942
Electricity	7,344	5,793
Furniture and equipment	117,863	150,520
Furniture and equipment maintenance	23,357	29,031
Interest and bank charges	5,985	6,020
Leasehold improvements	16,203	45,015
Microfilming	299	732
Miscellaneous	68,474	38,762
Office rental	270,900	270,900
Office supplies	85,801	49,037
Payroll tax	36,920	41,281
Postage and telephone	133,696	126,760
Salaries and benefits	2,473,417	2,492,312
Travel	52,675	27,631
	$4,385,260	$4,312,128

See accompanying notes

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 2000

Authority

The Newfoundland Medical Care Commission (the Commission) operates under the authority of the Medical Care Insurance Act. It is responsible for the administration of medical and dental care insurance programs on behalf of the residents of Newfoundland and Labrador. Commission members are appointed by the Lieutenant-Governor in Council.

On 1 April 2000, the Medical Care Insurance Act, 1999 was enacted which disbanded the Commission and transferred the assets, liabilities and operations of the Commission to the Department of Health and Community Services. These financial statements represent the Commission's final financial position and results of operations.

1. Significant accounting policies

These financial statements have been prepared by the Commission in accordance with generally accepted accounting principles. Outlined below are the significant accounting policies followed.

(a) Capital assets

Capital assets are capitalized at cost at the time of acquisition and expensed in the year of acquisition.

(b) Severance pay

Severance pay is calculated based upon years of service and current salary levels. The entitlement to severance pay vests with employees after nine years of continuous service, and accordingly no provision has been made in the accounts for employees with less than nine years of continuous service. If the employee transfers to another entity within the public service, then the liability is transferred to that entity.

2. Due from Province of Newfoundland

In accordance with Section 27 of the Medical Care Insurance Act, the Province of Newfoundland is responsible for funding the expenditures incurred by the Commission in carrying out its powers, functions and duties. Accordingly, the amount due from the Province represents the balance of funds owing by the Province to the Commission at 31 March.

3. Capital assets

	2000	1999
Furniture and equipment	$1,118,080	$1,102,106
Less: expensed in year of acquisition	1,118,080	1,102,106
	$ -	$ -

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 2000

4. Bank indebtedness

The Commission has an operating line of credit of $1,000,000 which was authorized by the Province. There was no balance outstanding for either the current or prior year.

5. Insured services

	2000	1999
Fee for Service - Physicians	$115,335,420	$113,403,478
Fee for Service - Out-of-Province	4,779,353	4,636,581
Incentive Fund	228,738	345,303
Sessional	8,125,335	6,178,685
Surgical Dental	349,264	388,344
	$128,810,110	$124,952,391

The Commission has a global capping mechanism in place to ensure that expenditures for insured services do not exceed the fixed budget. This mechanism was not required to be used in the current or previous year.

In addition, in both 1999-2000 and 1998-99, reductions were made in payments to certain physicians who exceeded stipulated levels based on a separate proration formula developed in conjunction with the Newfoundland and Labrador Medical Association.

6. Computer costs

Claims Processing	$461,894	$425,213
Facilities Management	457,134	235,215
Equipment Maintenance	6,749	4,820
Development/Enhancements	69,123	176,219
	$994,900	$841,467

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 2000

7. Pensions

The Commission and its staff are subject to the Public Service Pensions Act, 1991. Employee contributions are matched by the Commission and then remitted to the Province of Newfoundland Pooled Pension Fund from which pensions will be paid to employees when they retire. The Commission's share of pension contributions for 2000 was $123,458 (1999 - $119,808).

8. Income taxes

The Commission is a Crown entity of the Province of Newfoundland and as such is not subject to Provincial or Federal income taxes.

Statistical Tables

Table	Description	Page
1	Payments By Type And Specialty	17
2	Average Annual Fee-For-Service Payments	18
3	Units of Services By Specialty And Type	19
4	Level of Annual Payments To Full-Time Fee-For-Service Physicians	20
5	Providers By Medical Region	21
6	Providers By Activity Status	22
7	Services And Payments By Sex And Age Group	23
8	Population, Payment And Service Statistics	24
9	Patient Utilization Levels	25
10	Payments To Salaried Physicians	26
11	Dental Health Plan Summary of Payments By Age Group	27
12	Processing Statistics	28
13	Summary of Costs	29

TABLE 1

Payments By Type And Specialty
1999/00

Specialty	Number Of Providers*	Fee-For-Service Payments ($000)	Sessional Payments ($000)	Proration Reductions ($000)	Totals ($000)	% of Payments
General Practice	**440**	**42,429**	**6,029**	**(21)**	**48,437**	**37.9**
Anaesthesia	**37**	**6,788**	**354**	**-**	**7,142**	**5.6**
Emergency Medicine	**2**	**311**	**40**		**351**	**0.3**
Radiology	**50**	**11,169**	**-**	**(11)**	**11,158**	**8.7**
Dermatology	6	1,513	-	-	1,513	1.2
Internal Medicine	78	15,542	512	(86)	15,968	12.5
Neurology	8	1,006	11	-	1,017	0.8
Paediatrics	37	3,435	330	-	3,765	2.9
Psychiatry	28	4,918	-	(16)	4,902	3.8
Total Medical Specialties	**157**	**26,414**	**853**	**(102)**	**27,165**	**21.3**
Obstetrics/Gynaecology	22	5,306	-	(6)	5,300	4.1
Ophthalmology	15	4,212	-	(62)	4,150	3.2
Otolaryngology	12	3,699	18	(192)	3,525	2.8
Surgery - General	39	7,412	114	(1)	7,525	5.9
- Neuro	3	938	1		939	0.7
- Orthopaedic	18	3,456	43	-	3,499	2.7
- Plastic	2	672		-	672	0.5
Urology	8	2,406	9	-	2,415	1.9
Total Surgical Specialties	**119**	**28,101**	**185**	**(261)**	**28,025**	**21.9**
Sub-Totals	**805**	**115,212**	**7,461**	**(395)**	**122,278**	**95.7**
Dental Surgery	**35**	**354**	**9**	**-**	**363**	**0.3**
Out of Province	**-**	**5,092**	**-**	**-**	**5,092**	**4.0**
TOTALS	**840**	**120,658**	**7,470**	**(395)**	**127,733**	**100.0**

** All fee-for-service providers who received an MCP payment during the fiscal year.*

Totals include locums, on-site emergency and in-hospital diagnostic services coverage.

Average Annual Fee-For-Service Payments
1999/00

Specialty	Full Time [1] Number of Providers	Full Time [1] Average Payments ($000)	Active [2] Number of Providers	Active [2] Average Payments ($000)	All Providers [3] Number of Providers	All Providers [3] Average Payments ($000)
General Practice						
St. John's	104	164	136	139	212	92
Eastern	56	188	68	164	93	125
Central	33	179	42	153	60	111
Western	39	203	45	187	55	155
Northern	8	213	14	141	20	103
Total General Practice	**240**	**180**	**305**	**154**	**440**	**110**
Anaesthesia	**30**	**223**	**32**	**216**	**37**	**193**
Emergency Medicine	**2**	**176**	**2**	**176**	**2**	**176**
Radiology	**34**	**303**	**39**	**276**	**50**	**223**
Medical Specialties						
Dermatology	5	301	5	301	6	252
Internal Medicine	57	255	64	243	78	205
Neurology	5	157	7	116	8	127
Paediatrics	19	171	27	134	37	102
Psychiatry	22	212	24	199	28	175
Total Medical Specialties	**108**	**229**	**127**	**207**	**157**	**173**
Surgical Specialties						
Obstetrics/Gynaecology	19	273	21	252	22	241
Ophthalmology	11	362	13	314	15	277
Otolaryngology	8	435	8	435	12	294
Surgery - General	23	286	29	238	39	193
- Neuro	2	388	3	313	3	313
- Orthopaedic	14	231	17	205	18	194
- Plastic	2	336	2	336	2	336
Urology	7	345	7	345	8	302
Total Surgical Specialties	**86**	**306**	**100**	**273**	**119**	**236**
All Specialties	**260**	**263**	**300**	**239**	**365**	**202**
All Physicians	**500**	**223**	**605**	**196**	**805**	**152**

1. All fee-for-service providers who received a minimum of 22 regular bi-weekly payments totalling more than $75,000. A regular bi-weekly payment is one which is greater than half of the average bi-weekly payment for the fiscal year.
2. All fee-for-service providers who received a minimum of $5,000 in the fourth quarter.
3. All fee-for-service providers who received a fee-for-service payment from MCP during the year.

Above figures denote levels of providers' MCP income minus proration reductions and before payment of office and other overhead expenses.
Annual income figures for 1999/00 include payments made to physicians for sessional arrangements. This should be taken into account when comparing to prior years' figures .

TABLE 3

Units Of Services By Specialty And Type
1999/00

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic & Therapeutic Procedures	Obstetrics	General Surgery *	Dental Surgery *	Totals	% Of Totals
General Practice	**98,777**	**1,824,538**	**138,522**	**235,619**	**137,263**	**4,494**	**49,629**	**-**	**2,488,842**	**50.4**
Anaesthesia	**-**	**-**	**1**	**6,445**	**101,835**	**27,069**	**196,786**	**6,649**	**338,785**	**6.9**
Emergency Medicine				**9,772**	**753**		**1,092**		**11,617**	**0.2**
Radiology	**-**	**-**	**-**	**-**	**657,806**	**105**	**29**	**-**	**657,940**	**13.3**
Medical Specialties										
Dermatology	21,044	1,853	12	6,027	17,591	-	6,697	-	53,224	1.1
Internal Medicine	32,331	7,319	31	181,423	247,879	-	26,454	-	495,437	10.0
Neurology	1,920	89	1	13,262	8,795	-	47	-	24,114	0.5
Paediatrics	9,191	1,569	761	38,013	110,677	-	1,277	-	161,488	3.3
Psychiatry	18,060	32,423	1,439	75,625	1,759	-	-	-	129,306	2.6
Total Medical Specialties	**82,546**	**43,253**	**2,244**	**314,350**	**386,701**	**-**	**34,475**	**-**	**863,569**	**17.5**
Surgical Specialties										
Obstetrics/Gynaecology	33,786	21,095	4	16,874	9,196	8,881	24,423	-	114,259	2.3
Ophthalmology	36,656	1,842		13,357	14,915	-	9,971	-	76,741	1.6
Otolaryngology	27,810	10,827	2	10,927	42,108	-	39,001	-	130,675	2.6
Surgery - General	13,728	3,586	37	58,631	4,394	4	43,728	-	124,108	2.5
- Neuro	337	1	-	7,524	40	-	1,422	-	9,324	0.2
- Orthopaedic	9,391	1,269	32	41,777	3,503	-	8,735	-	64,707	1.3
- Plastic	55	-	-	7,004	355	-	3,281	-	10,695	0.2
- Dental	-	-	-	-	-	-	-	2,492	2,492	0.1
Urology	8,332	1,285	1	21,560	1,899	-	14,492	-	47,569	1.0
Total Surgical Specialties	**130,095**	**39,905**	**76**	**177,654**	**76,410**	**8,885**	**145,053**	**2,492**	**580,570**	**11.8**
TOTALS	**311,418**	**1,907,696**	**140,843**	**743,840**	**1,360,768**	**40,553**	**427,064**	**9,141**	**4,941,323**	
% Of Totals	**6.3**	**38.6**	**2.9**	**15.1**	**27.5**	**0.8**	**8.6**	**0.2**	**100.0**	

** Includes time units for anaesthetists and surgical assistants.*

Table 4

Level Of Annual Payments To Full-Time Fee-For-Service Physicians
1999/00

Specialty	Up To $100,000	$100,001 - 200,000	$200,001 - 300,000	$300,001 - 400,000	$400,001 - 500,000	Over $500,000	Totals
General Practice	19	137	77	7	-	-	240
Anaesthesia	-	11	16	3	-	-	30
Emergency Medicine		1	1				2
Radiology		3	16	9	6	-	34
Medical Specialties							
Dermatology	-	-	1	4	-	-	5
Internal Medicine	3	16	22	10	6	-	57
Neurology	-	4	1	-	-	-	5
Paediatrics	3	10	5	-	1	-	19
Psychiatry	1	11	6	3	1	-	22
Total Medical Specialties	7	41	35	17	8	-	108
Surgical Specialties							
Obstetrics/Gynaecology		5	5	7	2	-	19
Ophthalmology		1	2	3	5	-	11
Otolaryngology	-	-	-	3	4	1	8
Surgery - General		4	11	5	2	1	23
- Neuro				2	-	-	2
- Orthopaedic	1	4	7	2	-	-	14
- Plastic	-	-		2	-	-	2
Urology	-	-	1	5	1		7
Total Surgical Specialties	1	14	26	29	14	2	86
TOTALS	27	207	171	65	28	2	500
% Of Totals	5.4	41.4	34.2	13.0	5.6	0.4	100.0

Above figures denote levels of providers' MCP income, minus proration reductions, and before payment of office and other overhead expenses.

Annual income figures for 1999/00 include payments made to physicians for sessional arrangements. This should be taken into account when comparing to prior years' figures .

TABLE 5

Providers By Medical Region Registered With MCP As Of March 31, 2000
1999/00

Region	General Practice - Fee-For-Service	General Practice - Salaried	General Practice - Full-Time Teaching	Specialists - Fee-For-Service	Specialists - Salaried	Specialists - Full-Time Teaching	Administration	Total Physicians	Dentists
St. John's	142	13	16	173	48	80	12	484	78
Avalon	13	5	-	-	-	-	-	18	2
Trinity/Conception	27	2	3	5	7	-	-	44	11
Burin	13	13	-	3	9	-	-	38	5
Clarenville	18	6	-	2	15	-	-	41	3
Gander & District	16	18	-	14	18	-	1	67	9
Central Newfoundland	22	12	-	17	5		2	58	11
Western Newfoundland	29	13	-	27	21	-	1	91	17
Stephenville	8	6	-	3	7	-	-	24	4
Port Aux Basques	3	6	-	-	-	-	-	9	1
St. Anthony/Goose Bay	5	27	-		22	-	-	54	29
Port Saunders	1	2	-	-		-	-	3	-
Baie Verte	5	-	-	-		-	-	5	2
Green Bay	4	2	-	-	-	-	-	6	1
Notre Dame Bay	1	5	-	-	-	-	-	6	2
Labrador City/Wabush	6	-	-	4	3	-	-	13	4
Buchans	-	1	-	-	-	-	-	1	-
Other	-	-	-	2	-	-	-	2	-
TOTALS	**313**	**131**	**19**	**250**	**155**	**80**	**16**	**964**	**179**

TABLE 6

Providers By Activity Status As Of March 31, 2000
1999/00

Specialty	Fee-For-Service	Salaried	Full-Time Teaching	Administration	Totals
General Practice	313	131	19	13	476
Anaesthesia	27	18	8	-	53
Emergency Medicine			2		2
Radiology	38	3	1	-	42
Radiation Oncology	-	1	-	-	1
Medical Specialties					
Dermatology	7	1	-	-	8
Internal Medicine	47	24	29	-	100
Neurology	4	1	3	-	8
Paediatrics	15	21	15	-	51
Pathology	-	30	-	-	30
Psychiatry	21	19	7	2	49
Total Medical Specialties	94	96	54	2	246
Surgical Specialties					
Obstetrics/Gynaecology	14	15	6	-	35
Ophthalmology	11	2	-	-	13
Otolaryngology	12	1	-	-	13
Surgery - General	26	14	8	1	49
- Neuro	3	-	-	-	3
- Orthopaedic	17	5	-	-	22
- Plastic	2	-	-	-	2
Urology	6	-	1	-	7
Total Surgical Specialties	91	37	15	1	144
TOTALS	563	286	99	16	964
Dentists					
General Dentistry	153	11	-	1	165
Oral Surgery	5	-	-	-	5
Orthodontics	6	-	-	-	6
Periodontics	2	-	-	-	2
Pedodontics	1	-	-	-	1
Total Dentists	167	11	-	1	179

Services And Payments By Sex And Age Group
1999/00

Age Groups	Male						Female						Totals					
	Services (000)	%	Payments ($000)	%	Patients (000)	%	Services (000)	%	Payments ($000)	%	Patients (000)	%	Services (000)	%	Payments ($000)	%	Patients (000)	%
0 - 4	86	4.9	3,152	6.1	10	5.0	75	3.1	1,754	2.7	10	4.3	161	3.8	4,906	4.3	20	4.6
5 - 9	81	4.6	1,923	3.7	12	5.9	73	3.0	1,620	2.5	11	4.8	154	3.7	3,543	3.1	23	5.3
10 - 14	69	3.9	1,667	3.2	13	6.4	69	2.8	1,614	2.5	13	5.6	138	3.3	3,281	2.8	26	6.0
15 - 19	72	4.1	1,806	3.5	14	6.9	104	4.3	2,489	3.9	16	6.9	176	4.2	4,295	3.7	30	6.9
20 - 24	58	3.3	1,493	2.9	12	5.9	139	5.7	3,446	5.4	17	7.4	197	4.7	4,939	4.3	29	6.7
25 - 29	56	3.2	1,405	2.7	11	5.4	154	6.3	4,091	6.4	16	6.9	210	5.0	5,496	4.8	27	6.2
30 - 34	76	4.3	1,967	3.8	13	6.4	182	7.5	4,927	7.7	17	7.4	258	6.2	6,894	6.0	30	6.9
35 - 39	99	5.6	2,513	4.9	15	7.4	195	8.0	4,934	7.7	20	8.7	294	7.0	7,447	6.5	35	8.1
40 - 44	118	6.7	3,139	6.1	16	7.9	199	8.2	5,027	7.9	20	8.7	317	7.6	8,166	7.1	36	8.3
45 - 49	141	8.0	3,856	7.5	17	8.4	211	8.7	5,364	8.4	19	8.2	352	8.4	9,220	8.0	36	8.3
50 - 54	157	8.9	4,489	8.7	16	7.9	208	8.6	5,323	8.3	17	7.4	365	8.7	9,812	8.5	33	7.6
55 - 59	140	8.0	4,211	8.2	13	6.4	159	6.6	4,151	6.5	12	5.2	299	7.1	8,362	7.3	25	5.8
60 - 64	127	7.2	3,994	7.8	10	5.0	132	5.4	3,586	5.6	10	4.3	259	6.2	7,580	6.6	20	4.6
65 - 69	131	7.5	4,334	8.4	9	4.5	125	5.2	3,561	5.6	9	3.7	256	6.1	7,895	6.8	18	4.2
70 - 74	123	7.0	4,125	8.0	8	4.0	124	5.1	3,725	5.8	8	3.5	247	5.9	7,850	6.8	16	3.7
75 - 79	102	5.8	3,390	6.6	6	3.0	106	4.4	3,224	5.0	6	2.6	208	5.0	6,614	5.7	12	2.8
80 - 84	72	4.1	2,390	4.7	4	2.0	89	3.7	2,656	4.2	5	2.2	161	3.8	5,046	4.4	9	2.1
85 +	47	2.7	1,481	2.9	3	1.5	83	3.4	2,484	3.9	5	2.2	130	3.1	3,965	3.4	8	1.8
TOTALS	**1,755**		**51,335**		**202**		**2,427**		**63,976**		**231**		**4,182**		**115,311**		**433**	
% Of Totals	**42.0**		**44.5**		**46.7**		**58.0**		**55.5**		**53.3**							

This table reflects fee-for-service payments and services only.

Population, Payment And Service Statistics
1999/00

Age Groups	Population* (000)	Payments		Services		Percentages		
		Amount ($000)	Average Per Capita ($)	Number (000)	Average Per Capita	Population	Payments	Services
0 - 4	27.5	4,906	178	161	5.9	5.1	4.3	3.9
5 - 9	32.3	3,543	110	154	4.8	6.0	3.1	3.7
10 - 14	37.2	3,281	88	138	3.7	6.9	2.8	3.3
15 - 19	41.9	4,295	103	176	4.2	7.7	3.7	4.2
20 - 24	39.6	4,939	125	197	5.0	7.3	4.3	4.7
25 - 29	37.7	5,496	146	210	5.6	7.0	4.8	5.0
30 - 34	41.0	6,894	168	258	6.3	7.6	6.0	6.2
35 - 39	45.2	7,447	165	294	6.5	8.4	6.5	7.0
40 - 44	45.6	8,166	179	317	7.0	8.4	7.1	7.5
45 - 49	44.1	9,220	209	352	8.0	8.2	8.0	8.4
50 - 54	37.8	9,812	260	365	9.7	7.0	8.5	8.7
55 - 59	27.1	8,362	309	299	11.0	5.0	7.3	7.2
60 - 64	22.0	7,580	345	259	11.8	4.1	6.6	6.2
65 - 69	19.1	7,895	413	256	13.4	3.5	6.8	6.2
70 - 74	16.0	7,850	491	247	15.4	3.0	6.8	5.9
75 - 79	12.8	6,614	517	208	16.3	2.4	5.7	5.0
80 - 84	8.0	5,046	631	161	20.1	1.5	4.4	3.9
85 +	6.2	3,965	640	130	21.0	1.1	3.4	3.1
TOTALS	**541.1**	**115,311**	**213**	**4,182**	**7.7**	**100.0**	**100.0**	**100.0**

** Source: Newfoundland Statistics Agency*

This table reflects fee-for-service payments and services relative to age groups. Services rendered by salaried physicians are excluded in the per capita analysis.

TABLE 9

Patient Utilization Levels
1999/00

Number of Services Per Patient		Number of Physicians Seen								
		1	2	3	4 - 6	7 - 10	11 - 14	15 +	Totals	% of Totals
1 - 5	Patients	109,509	62,667	23,543	5,380	-	-	-	201,099	46.8
	Services	212,893	205,857	97,086	25,244	-	-	-	541,080	
6 - 10	Patients	9,998	25,123	29,538	33,829	812	-	-	99,300	23.1
	Services	73,108	186,630	225,636	275,101	7,542	-	-	768,017	
11 - 15	Patients	2,319	6,042	10,446	28,520	4,955	25	-	52,307	12.2
	Services	29,179	75,822	131,366	364,909	66,153	352	-	667,781	
16 - 20	Patients	583	1,829	3,588	15,359	7,243	222	1	28,825	6.7
	Services	10,185	32,068	63,091	272,064	130,354	4,114	19	511,895	
21 - 25	Patients	204	599	1,241	7,340	6,798	724	10	16,916	3.9
	Services	4,612	13,558	28,012	166,760	155,841	16,851	237	385,871	
26 - 30	Patients	96	265	493	3,324	4,859	1,152	48	10,237	2.4
	Services	2,652	7,350	13,652	92,011	135,107	32,373	1,377	284,522	
31 - 35	Patients	62	120	257	1,556	3,036	1,342	157	6,530	1.5
	Services	2,061	3,935	8,383	50,827	99,580	44,299	5,188	214,273	
36 - 40	Patients	39	63	114	728	1,818	1,185	246	4,193	1.0
	Services	1,483	2,379	4,310	27,469	68,669	44,971	9,381	158,662	
41 - 45	Patients	28	46	70	387	1,044	933	304	2,812	0.7
	Services	1,186	1,977	3,001	16,608	44,654	40,075	13,098	120,599	
46 - 50	Patients	24	42	39	202	547	683	385	1,922	0.4
	Services	1,159	2,019	1,862	9,625	26,160	32,694	18,465	91,984	
50 +	Patients	44	89	88	449	977	1,415	2,786	5,848	1.4
	Services	2,679	5,541	5,400	30,198	65,853	95,830	225,716	431,217	
TOTALS	Patients	122,906	96,885	69,417	97,074	32,089	7,681	3,937	429,989	100.0
	Services	341,197	537,136	581,799	1,330,816	799,913	311,559	273,481	4,175,901	

Payments To Salaried Physicians
1999/00

Board	Number Of Approved Positions	Total Payments ($000)
Health Care Corporation of St. John's	49	6,468
Newfoundland Cancer Treatment and Research Foundation	12	1,279
Eastern Health and Community Services	1	63
Avalon Health Care Institutions Board	12	2,678
Peninsulas Health Care Corporation	37	6,523
Central East Health Care Institutions Board	33	4,806
Central West Health Care Institutions Board	21	3,524
Western Health Care Corporation	53	7,463
Grenfell Regional Health Services Board	29	5,119
Health Labrador Corporation	14	3,271
TOTALS	**261**	**41,194**

Dental Health Plan Summary Of Payments By Age Group
1999/00

Age	Examinations ($000)	Fluoride Treatments ($000)	Prophylaxis Treatments ($000)	Fillings & Crowns ($000)	Extractions ($000)	Appliances ($000)	X-rays ($000)	Pulpotomies ($000)	Other ($000)	Totals ($000)	Co-pay ($000)
<1	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	2	-	-	2	4	-
2	6	-	-	1	1	1	-	-	1	10	-
3	20	-	5	14	3	-	-	1	-	50	1
4	61	-	21	55	8	-	1	5	1	155	3
5	86	-	43	110	11	-	2	11	1	269	5
6	104	2	59	158	15	-	5	15	-	364	6
7	109	22	73	178	19	-	9	13	-	429	6
8	123	30	84	207	26	-	13	14	1	505	7
9	126	33	89	210	30	1	16	11	1	524	7
10	133	35	96	201	34	-	17	7	1	530	6
11	123	33	90	163	28	2	17	3	3	466	4
12	120	33	89	164	30	1	16	1	1	459	4
13	112	31	84	207	33	4	18	-	6	497	4
14	31	7	20	90	12	4	6	-	5	179	4
15	5	-	-	35	4	4	2	-	1	54	3
16	5	-	-	30	4	4	2	-	5	53	3
17	5	-	-	31	6	3	2	-	1	51	3
18	4	-	-	24	4	-	1	-	1	37	3
19	2	-	-	9	4	-	1	-	30	47	1
20 - 29	26	-	-	-	112	6	7	-	9	160	-
30 - 39	26	-	1	1	152	-	7	-	7	195	1
40 - 49	17	-	1	1	126	4	5	-	2	157	1
50 - 59	8	-	-	-	77	-	2	-	4	91	-
60 +	2	-	-	-	24	-	1	-	6	33	-
TOTALS	**1,260**	**226**	**755**	**1,889**	**763**	**36**	**150**	**81**	**87**	**5,319**	**72**
Units Of Service (In 000's)	74	24	31	45	24	-	12	3		213	

Processing Statistics
1999/00

	1999/2000	% of Total	1998/1999	% of Total
In-Province Claims				
Claims Items Received				
Paper	153,885	3.5	161,831	3.6
Electronic	4,286,464	96.5	4,308,103	96.4
Total Claim Items Received	**4,440,349**	**100.0**	**4,469,934**	**100.0**
Rejected Claim Items				
At Entry and Validation	20,722		21,671	
At Assessment	209,858		205,569	
Total Claim Items Rejected	**230,580**		**227,240**	
Items of Service Processed and Paid	4,191,129		4,190,924	
Out-Of-Province (Medical)				
Items of Service Processed				
Reciprocal Billing	135,019		137,350	
Beneficiary Claims	6,529		6,651	
Average Cost Per Service				
General Practice	$20.84		$20.44	
Radiology	$16.87		$16.30	
Other Specialties	$49.66		$48.48	
Dental Surgery	$168.89		$172.00	
Out-of-Province	$43.19		$40.59	
Total Average Cost	$28.96		$26.46	
Beneficiary Registration				
Newborns	6,008		6,690	
Canadian Residents (Other Provinces)	9,020		8,466	
Non-Canadian Residents	1,048		884	
Card Replacements	9,079		8,619	
Name and Address Changes	29,010		34,715	
Eligibility Changes	136		149	
Terminations	25,813		20,552	

TABLE 13

Summary Of Costs Based On Audited Financial Statements
1991/92 - 1999/00

Year	Insured Medical Services* ($000)	Payments To Salaried Physicians ($000)	Dental Health Plan ($000)	Administrative ($000)	Totals ($000)
1991/92	104,709	23,661	7,299	4,753	139,763
1992/93	107,289	25,563	6,383	4,561	144,096
1993/94	106,714	26,271	5,643	4,819	142,927
1994/95	109,150	27,139	5,766	4,557	146,561
1995/96	111,687	28,432	5,571	4,456	149,566
1996/97	112,513	29,641	4,931	4,109	149,676
1997/98	125,439	33,679	5,233	4,214	163,349
1998/99	126,841	34,237	5,446	4,312	170,864
1999/00	130,483	42,001	5,340	4,393	182,217

** Includes medical malpractice premium subsidy*

mcp

Newfoundland Medical Care Commission

1999/00 ANNUAL REPORT

© 2000 Newfoundland Medical Care Commission